Fill in this inform	nation to identify your	case:		
Debtor 1	Joseph G Gorski			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF MARYLA	ND	
_	19-11500			
(if known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. t 1: Summarize Your Assets		
I al	Summanze Tour Assets		assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	1,669,912.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,161.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,689,073.00
Par	t 2: Summarize Your Liabilities		
			· liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,809,354.98
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	67,114.48
	Your total liabilities	\$	1,876,469.46
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$_	13,726.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	12,550.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other s	schedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a person	al, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Debtor 1 Joseph G Gorski

Case number (if known) 19-11500

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,000.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Boot A on Cohodula F/F a consthe fallowing	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

		C	ase 19-1150	, L	JUC 12	Fileu 02/20/13	, го	ige 3 0i	21		2/20/19 10:55AI
Filli	n this inform	ation to identify	your case and th	is filinç	g:						
Deb	tor 1	Joseph G Go	orski								
Dob	tor 2	First Name	Middle	Name		Last Name					
Debi (Spou	ior Z ise, if filing)	First Name	Middle	Name		Last Name					
Unite	ed States Bar	kruptcy Court for	the: DISTRICT	OF MAI	RYLAND						
Case	e number <u>1</u>	9-11500									Check if this is an amended filing
Sc In eac	hedule ch category, se it fits best. Be	as complete and a	coperty escribe items. List a	e. If two	married peo	If an asset fits in more thople are filing together, b	oth are e	qually resp	onsible for su	pply	ing correct
	nation. If more er every quest		attach a separate sl	neet to t	his form. Or	n the top of any additiona	ıl pages,	write your r	name and case	e nui	mber (if known).
Part	1: Describe E	Each Residence, Bu	uilding, Land, or Ot	her Real	Estate You	Own or Have an Interest	In				
1. Do	you own or h	ave any legal or eq	uitable interest in a	ny resid	lence, buildi	ing, land, or similar prope	erty?				
	No. Go to Part	2									
	Yes. Where is	the property?									
1.1				What	is the prop	erty? Check all that apply					
	400 Ferry I	Point Rd		_	Single-fam	nily home		Do not ded	uct secured cla	aims	or exemptions. Put
	Street address, if	Street address, if available, or other description				multi-unit building ium or cooperative		the amount of any secur		ed claims on Schedule D: ims Secured by Property.	
	Annapolis	MD	21403-0000			red or mobile home		Current va			urrent value of the ortion you own?
	City	State	ZIP Code		Investmen Timeshare			\$1,60	00,000.00	_	\$1,600,000.00
					Other _			(such as fe			ownership interest by the entireties, or
				wno		rest in the property? Chec only	k one	Fee Sim	•		
	Anne Arun	del				•			-		
	County				20010	and Debtor 2 only se of the debtors and anoth	۵r		t if this is com	mun	ity property
				Othe	r informatio	n you wish to add about to cation number:			,		
				Res Out: 1st:	idence standing Bank of		.17				

Official Form 106A/B Schedule A/B: Property page 1

4th: IRS - \$92,308.83 5th: Comptroller - \$21,025.59

3rd: Daniel Kohn Living Trust - \$1,010,000.00

The property is encumbered by additional tax liens

1.2 80	you own or hav	o moro					
1.2 80		ve illore	than one, lis	t here:			
			•		t is the property? Check all that apply		
Siit	O3 Mayfair Blvd eet address, if available		agription	=	Single-family home		ed claims or exemptions. Put
	eet address, ii avallable	, or other des	scription		='	•	cured claims on Schedule D: Claims Secured by Property.
					Condominium or cooperative		
					Manufactured or mobile home		
Tc	oledo	ОН	43612-0000) _	· I Land	Current value of the entire property?	Current value of the portion you own?
City		State	ZIP Code		•	\$69,912.0	
					. ' ' '	. ,	
					Other		of your ownership interest tenancy by the entireties, o
				Who	has an interest in the property? Check one	à life estate), if know	wn.
					Debtor 1 only		
Lu	ucas			□	Debtor 2 only		
Cou	ounty				200101 1 4114 200101 2 0111)	☐ Check if this is	community property
					At least one of the debtors and another	(see instructions)	,,,,,,,
					er information you wish to add about this it	em, such as local	
					erty identification number:		
				Kei	ntal property		
					your entries from Part 1, including an		\$1,669,912.00
Cars,		actors, sp	oort utility vehi	cles, moto	orcycles		
)	actors, sp	oort utility ven	cies, moto	orcycles		
□ No ■ Ye)		oort utility ven	·	an interest in the property? Check one		ed claims or exemptions. Put
□ No ■ Ye	es Occurrence		oort utility ven	Who has a	an interest in the property? Check one	the amount of any se	ed claims or exemptions. Put ecured claims on <i>Schedule D:</i> Claims Secured by Property.
□ No ■ Ye	Make: Cadilla		oort utility veni	·	an interest in the property? Check one 1 only	the amount of any se Creditors Who Have	ecured claims on Schedule D: Claims Secured by Property.
□ No ■ Ye 3.1 M	Make: Cadilla CTS	c	92,000	Who has a ■ Debtor □ Debtor	an interest in the property? Check one 1 only	the amount of any se	ecured claims on Schedule D: Claims Secured by Property.
□ No ■ Ye 3.1 M N Y A	Make: Cadilla Model: CTS	c		Who has a ■ Debtor □ Debtor □ Debtor	an interest in the property? Check one 1 only 2 only	the amount of any se Creditors Who Have Current value of the	ecured claims on Schedule D: Claims Secured by Property. E Current value of the

Official Form 106A/B

Debtor 1	Joseph G Gorski	Case number (if known) 19-	11500
	nold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware		
_	Describe		
	Living room: 2 recliners; chair; rocker; chairs; Bedroom 1: bed; chair; rocker; emd tab Bedroom 2: bed; chest of drawers; lamp Bedroom 3: bed 2 dressers; desk; chair Bedroom 4: bed; 2 dresses; end table; I Pictures, paintings Kitchen: table with 2 chairs;	ole; foot stool; lamp; p; 3 chairs; r; bookcase; lamp;	\$3,400.00
□ No	nics les: Televisions and radios; audio, video, stereo, and digital equipme including cell phones, cameras, media players, games Describe	ent; computers, printers, scanners; music collecti	ons; electronic devices
	Television; Mobile phone		\$1,000.00
Example No	ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books other collections, memorabilia, collectibles Describe	s, pictures, or other art objects; stamp, coin, or ba	seball card collections;
Example No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bic musical instruments Describe	ycles, pool tables, golf clubs, skis; canoes and ka	ayaks; carpentry tools;
■ No	ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
□ No ´	es ples: Everyday clothes, furs, leather coats, designer wear, shoes, ac Describe	ccessories	
	Mens Clothing and Shoes		\$500.00
■ No	ry ples: Everyday jewelry, costume jewelry, engagement rings, weddin Describe	ig rings, heirloom jewelry, watches, gems, gold, s	ilver
<i>Examp</i> ■ No	arm animals ples: Dogs, cats, birds, horses Describe		
□ No	ther personal and household items you did not already list, incl	uding any health aids you did not list	

page 3

Debtor 1	Joseph G Gorski	Case number (if known)	19-11500
	n/a		\$300.00
		<u> </u>	
	the dollar value of all of your entries from Part 3, including any entries		\$5,200.00
TOT F	Part 3. Write that number here		
		·	
	escribe Your Financial Assets		Current value of the
Do you o	wn or have any legal or equitable interest in any of the following?		portion you own?
			Do not deduct secured claims or exemptions.
			ciains of exemptions.
16. Cash	uples: Money you have in your wallet, in your home, in a safe deposit box, an	d on hand when you file your netiti	an.
□ No	pies. Money you have in your wallet, in your home, in a sale deposit box, an	a on nana when you life your penin	ווע
■ Yes			

		Cash on hand	\$191.00
	sits of money oples: Checking, savings, or other financial accounts; certificates of deposit; s	shares in credit unions, brokerage b	nouses, and other similar
LXan	institutions. If you have multiple accounts with the same institution, list		iousco, and other similar
□ No	Institution name:		
■ Yes	institution name.		
	17.1. Checking BB&T XXX 0929		¢2.054.00
	17.1. Checking BB&T XXX 0929		\$2,054.00
	Wells Fargo xxxx 2	28717	
		itable interest in account	\$0.00
18. Bond s	s, mutual funds, or publicly traded stocks		
Exam	pples: Bond funds, investment accounts with brokerage firms, money market	accounts	
□ No	Institution or issuer name:		
■ Yes	institution of issuel fiame.		
	Metlife common stock		\$5,716.00
19. Non- p	publicly traded stock and interests in incorporated and unincorporated	businesses, including an interes	t in an LLC, partnership, and
•	venture		
□ No	. Give specific information about them		
— 168	Name of entity:	% of ownership:	
	Vienna Establishments Limited a/k/a Tradev Ltd	vays, 100 %	\$0.00
	Liu		<u> </u>
	404 B. Levit Olivera de 11 C		
	184 Duke of Gloucester, LLC LLC owns commerical building at 184 Duke	of	
	Gloucester Street, Annapolis, MD 21401		
	Encumbered by lien in favor of the Estate of		\$0.00
	Daniel Kohn		φυ.υυ

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

■ No

page 4

Debte	or 1	Joseph G Gorski		Case number (if known)	19-11500
	Yes.	Give specific information about them Issuer name:			
E		nent or pension accounts oles: Interests in IRA, ERISA, Keogh,	401(k), 403(b), thrift savings accounts, o	r other pension or profit-sharing p	lans
		List each account separately. Type of account:	Institution name:		
Υ	our s	ty deposits and prepayments hare of all unused deposits you have oles: Agreements with landlords, prep	made so that you may continue service paid rent, public utilities (electric, gas, wat	or use from a company er), telecommunications compani	es, or others
	No Yes		Institution name or indivi	dual:	
23. A	nnuit		nt of money to you, either for life or for a r	number of years)	
	No Yes	Issuer name and desc	cription.		
26	0.S.	s in an education IRA, in an accou C. §§ 530(b)(1), 529A(b), and 529(b)(int in a qualified ABLE program, or un (1).	der a qualified state tuition proç	gram.
	No Yes	Institution name and d	lescription. Separately file the records of	any interests.11 U.S.C. § 521(c):	
_	rusts, No	equitable or future interests in pro	operty (other than anything listed in li	ne 1), and rights or powers exer	cisable for your benefit
	Yes.	Give specific information about them	ı		
			ecrets, and other intellectual property s, proceeds from royalties and licensing	agreements	
_	No Yes.	Give specific information about them	ı		
		es, franchises, and other general in bles: Building permits, exclusive licens	ntangibles ses, cooperative association holdings, lic	uor licenses, professional license	s
		Give specific information about them	າ		
Mone	ey or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. T a	ax ref	unds owed to you			
	No Yes.	Give specific information about them,	, including whether you already filed the	returns and the tax years	
E		support oles: Past due or lump sum alimony, s	spousal support, child support, maintena	nce, divorce settlement, property s	settlement
	Yes.	Give specific information			
		amounts someone owes you bles: Unpaid wages, disability insuran benefits; unpaid loans you made	nce payments, disability benefits, sick pay e to someone else	v, vacation pay, workers' compen-	sation, Social Security
	No Yes.	Give specific information			
31. I n	iteres Examp	ts in insurance policies	ce; health savings account (HSA); credit,	homeowner's, or renter's insurance	ce
	No Yes	Name the insurance company of eac	th policy and list its value		
		Company nam n 106A/B		Beneficiary:	Surrender or refund page 5
2		············	Co.locatio / V.D. I Topolity		page

Case 19-11500 Doc 12 Filed 02/20/19 Page 8 of 27

2/20/19 10:55AM

Debtor 1	Joseph G Gorski Case	number (if known)	19-11500
			value:
If you	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are curre one has died.	ntly entitled to rece	eive property because
☐ Yes.	Give specific information		
Exam _i ■ No	s against third parties, whether or not you have filed a lawsuit or made a demand for p ples: Accidents, employment disputes, insurance claims, or rights to sue	ayment	
☐ Yes.	Describe each claim		
34. Other ■ No	contingent and unliquidated claims of every nature, including counterclaims of the de	btor and rights to	set off claims
	Describe each claim		
35. Any fir ■ No	nancial assets you did not already list		
	Give specific information		
	the dollar value of all of your entries from Part 4, including any entries for pages you h art 4. Write that number here		\$7,961.00
Part 5: De	escribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part	1.	
37. Do you	own or have any legal or equitable interest in any business-related property?		
No. Go	o to Part 6.		
☐ Yes. (Go to line 38.		
	escribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. you own or have an interest in farmland, list it in Part 1.		
	u own or have any legal or equitable interest in any farm- or commercial fishing-related	d property?	
_	Go to Part 7.		
⊔ Yes	s. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above		
	u have other property of any kind you did not already list? ples: Season tickets, country club membership		
■ No			
☐ Yes.	Give specific information		
54. Add	the dollar value of all of your entries from Part 7. Write that number here		\$0.00

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1	Joseph G Gorski			Case number (if known)	19-11500
Part 8:	List the Totals of Each Part of this Form				
55. Part	1: Total real estate, line 2				\$1,669,912.00
56. Part 2	2: Total vehicles, line 5		\$6,000.00		
57. Part 3	3: Total personal and household items, line 15		\$5,200.00		
58. Part	4: Total financial assets, line 36		\$7,961.00		
59. Part :	5: Total business-related property, line 45		\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52		\$0.00		
61. Part	7: Total other property not listed, line 54	+	\$0.00		
62. Total	personal property. Add lines 56 through 61	_	\$19,161.00	Copy personal property to	stal \$19,161.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62				\$1,689,073.00

Official Form 106A/B Schedule A/B: Property
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Fill in this info	rmation to identify your	case:		
Debtor 1	Joseph G Gorski			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	DISTRICT OF MARYLAND		_
Case number	19-11500			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	e Property	You Claim	as Exempt

Pa	identify the Property You Claim as E	Exempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	■ You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	400 Ferry Point Rd Annapolis, MD 21403 Anne Arundel County Residence Outstanding liens: 1st: Bank of America - \$441,981.17 2nd: SunTrust - \$35,321.00 3rd: Daniel Kohn Living Trust - \$1,010,000.00 4th: IRS - \$92,308.83 5th: Comptroller - \$21,02 Line from Schedule A/B: 1.1	\$1,600,000.00		\$1.00 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
	803 Mayfair Blvd Toledo, OH 43612 Lucas County	\$69,912.00		\$5,000.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(f)(1)(i)(1)
	Rental property Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit	1 100. 8 11-304(1)(1)(1)(1)

		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Living room: 2 recliners; chair; rocker; TV; foot stool; table with 3	\$3,400.00		\$1,000.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
	chairs; Bedroom 1: bed; chair; rocker; emd table; foot stool; lamp; Bedroom 2: bed; chest of drawers; lamp; 3 chairs; Bedroom 3: bed 2 dressers; desk; chair; bookcase; lamp; Bed Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	P106. 3 11-304(b)(4)
	Checking: BB&T XXX 0929 Line from Schedule A/B: 17.1	\$2,054.00		\$283.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Line from Scriedule A/B. 17.1				100% of fair market value, up to any applicable statutory limit	Proc. 3 11-304(b)(3)
	Metlife common stock	\$5,716.00		\$5,716.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
Line nom Schedule A/B. 10.1				100% of fair market value, up to any applicable statutory limit	1100. 3 11 004(5)(0)
	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every				

				2/20/10 10:00/10
Fill in this information to identify you	ır case:			
Debtor 1 Joseph G Gorsl	ci			
First Name	Middle Name Last Name		-	
Debtor 2				
(Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for the:	DISTRICT OF MARYLAND			
, , , , , , , , , , , , , , , , , , , ,			-	
Case number 19-11500				
(if known)			☐ Check	if this is an
			amend	led filing
000 1 1 5 4005				
Official Form 106D				
Schedule D: Creditors	Who Have Claims Secur	ed by Propert	V	12/15
	If two married people are filing together, both are out, number the entries, and attach it to this form			
number (if known).	but, number the entries, and attach it to this form	i. On the top of any addition	nai pages, write your na	me and case
1. Do any creditors have claims secured by	vour property?			
	his form to the court with your other schedules	Vou have nothing else t	to report on this form	
_	•	. Tou have nothing else	to report on this form.	
Yes. Fill in all of the information	below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has r	more than one secured claim, list the creditor separa	Column A	Column B	Column C
for each claim. If more than one creditor has	a particular claim, list the other creditors in Part 2. A	As Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Bank of America	Describe the property that secures the claim:	\$441,981.17	\$1,600,000.00	\$0.00
Creditor's Name	400 Ferry Point Rd Annapolis, MD			
	21403			
11802 Ridge Parkway	As of the date you file the claim is: Check all that			
Ste. 100 HRN	As of the date you file, the claim is: Check all that apply.			
Broomfield, CO 80021	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset) Mortgag	е		
community debt				
Date debt was incurred	Last 4 digits of account number			
Date dest was incurred				
2.2 Comptroller of Maryland	Describe the property that secures the claim:	\$24 02E E0	\$1,600,000.00	\$636.59
Creditor's Name		\$21,025.59	\$1,000,000.00	<u> </u>
Compliance Division	400 Ferry Point Rd Annapolis, MD 21403			
301 West Preston Street,	21403			
Room 409	As of the date you file, the claim is: Check all that	_		
Baltimore, MD 21201	apply. ☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
, , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Ctatutanulian (quali se terrilian eserte 1.1.1)	1		
	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
y wood				
Date debt was incurred 3/31/2016	Last 4 digits of account number			

Official Form 106D

Debtor 1 Joseph G Gorski		Case number (if known)	19-11500	
First Name Middle N	ame Last Name			
2.2 Comptroller of Maryland	Describe the property that secures the claim:	¢422.007.25	\$1 600 000 00	¢122 007 25
2.3 Comptroller of Maryland Creditor's Name	Describe the property that secures the claim:	\$132,087.35	\$1,600,000.00	\$132,087.35
Compliance Division	400 Ferry Point Rd Annapolis, MD 21403			
301 West Preston Street,	21403			
Room 409	As of the date you file, the claim is: Check all that			
Baltimore, MD 21201	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Ctatutery lies (auch as tay lies, machanials lies)			
☐ At least one of the debtors and another	■ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	•			
community debt	Other (including a right to offset)			
Date debt was incurred 10/16/2017	Last 4 digits of account number			
		A 4 A · · · · ·	A 4 aaa aaa a	A40
2.4 Comptroller of Maryland	Describe the property that secures the claim:	\$10,734.20	\$1,600,000.00	\$10,734.20
Creditor's Name	400 Ferry Point Rd Annapolis, MD			
Compliance Division	21403			
301 West Preston Street, Room 409	As of the date you file, the claim is: Check all that			
Baltimore, MD 21201	apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Number, Street, Oity, State & Zip Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or se	cured		
Debtor 1 only	car loan)	build		
Debtor 2 only				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Lord A. P. Stone Community and Community			
Date debt was incurred 5/1/2018	Last 4 digits of account number			
2.5 Internal Revenue Service	Describe the property that secures the claim:	\$92,308.83	\$1,600,000.00	\$0.00
Creditor's Name	400 Ferry Point Rd Annapolis, MD	Ψ32,300.03	Ψ1,000,000.00	Ψ0.00
Centralized Insolvency	21403			
Operation				
P.O. Box 7346	As of the date you file, the claim is: Check all that apply.			
Philadelphia, PA	Contingent			
19101-7346	-			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_		1		
Debtor 1 only	☐ An agreement you made (such as mortgage or se car loan)	cured		
Debtor 2 only	_			
☐ Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 1/20/2016	Last 4 digits of account number			
2.6 Internal Revenue Service	Describe the property that secures the claim:	\$65,896.84	\$1,600,000.00	\$65,896.84

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Debtor 1	Joseph G Gorski		Case number (if known)	19-11500	
	First Name Middle N	Name Last Name			
Ce Op P.C Ph	ntralized Insolvency peration D. Box 7346 iladelphia, PA 101-7346	400 Ferry Point Rd Annapolis, MD 21403 As of the date you file, the claim is: Check all that apply. □ Contingent			
	nber, Street, City, State & Zip Code	☐ Unliquidated			
Who owe	es the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor		☐ An agreement you made (such as mortgage or s	secured		
☐ Debtor	•	car loan)	5554.54		
_	r 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
☐ Check	st one of the debtors and another x if this claim relates to a nunity debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt	t was incurred 12/14/2016	Last 4 digits of account number			
2.7 Jo	el M. Hockett	Describe the property that secures the claim:	\$1,010,000.00	\$1,600,000.00	\$0.00
Tru Ko 680 Riv Num Who owe Debtor Debtor Debtor At lease Check	• •	400 Ferry Point Rd Annapolis, MD 21403 Anne Arundel County Residence Outstanding liens: 1st: Bank of America - \$441,981.17 2nd: SunTrust - \$35,321.00 3rd: Daniel Kohn Living Trust - \$1,010,000.00 4th: IRS - \$92,308.83 5th: Comp As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or scar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Date debt	t was incurred <u>02/08/2012</u>	Last 4 digits of account number			
	n Trust Bank	Describe the property that secures the claim:	\$35,321.00	\$1,600,000.00	\$0.00
Cred	ditor's Name	400 Ferry Point Rd Annapolis, MD 21403			
Na	D. Box 305053 shville, TN 37230 hber, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Who owe	es the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor	•	☐ An agreement you made (such as mortgage or scar loan)	secured		
_	r 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit			

Debtor 1 Joseph G Gorski		Case number (if known)	19-11500
First Name Mid	ddle Name Last Name		
☐ Check if this claim relates to a community debt	■ Other (including a right to offset)	Second Mortgage	
Date debt was incurred	Last 4 digits of account num	nber	
Add the dollar value of your entries	s in Column A on this page. Write that nun	nber here: \$1,809,354	.98
If this is the last page of your form Write that number here:	, add the dollar value totals from all pages	\$1,809,354	.98
Part 2: List Others to Be Notific	ed for a Debt That You Already Listed	d	
trying to collect from you for a debt y	s to be notified about your bankruptcy for you owe to someone else, list the creditor s that you listed in Part 1, list the addition mit this page.	in Part 1, and then list the collection age	ncy here. Similarly, if you have more
П			
Name, Number, Street, City, Sta Ocwen Loan Servicing,	·	On which line in Part 1 did you ente	er the creditor? 2.1
Customer Service Dept		Last 4 digits of account number	-
P.O. Box 24738 West Palm Beach, FL 3	3416-4738		

						· ·			2/20/19 10:55AN
Fill in	this info	rmation to identify your cas	se:						
Debto	r 1	Joseph G Gorski							
		First Name	Middle Name	Last Nam	е				
Debto	r 2 if, filing)	First Name	Middle Name	Last Nam	0				
` '					е				
United	l States E	Bankruptcy Court for the:	DISTRICT OF MARYLAN	ND					
Case	number	19-11500							
(if knowr	n)								if this is an ed filing
Offic	ial Fo	rm 106E/F							
Sche	edule	E/F: Creditors Wh	o Have Unsecu	red Claim	S				12/15
Schedu Schedu left. Atta	lle G: Exe lle D: Cred ach the C nd case n	ontracts or unexpired leases that cutory Contracts and Unexpired litors Who Have Claims Secure ontinuation Page to this page. I umber (if known). All of Your PRIORITY Unse	d Leases (Official Form 10 d by Property. If more spa f you have no information	6G). Do not incl ace is needed, c	ude any cre	ditors with partially you need, fill it out,	secured clai number the	ms that a entries in	re listed in the boxes on the
		itors have priority unsecured c							
	No. Go to	Part 2.	- ,						
	Yes.								
ide po: Pa	entify what ssible, list irt 1. If mor	our priority unsecured claims. If type of claim it is. If a claim has be the claims in alphabetical order a re than one creditor holds a partic anation of each type of claim, see	oth priority and nonpriority a ccording to the creditor's na ular claim, list the other cred	amounts, list that ame. If you have r ditors in Part 3.	claim here a nore than tw	nd show both priority	and nonprior	ty amount	s. As much as
						Total claim	Priority amount		Nonpriority amount
2.1		al Revenue Service Creditor's Name	Last 4 digits of	account number		Unknown		\$0.00	\$0.00
		alized Insolvency Operat Box 7346	ion When was the d	lebt incurred?	1999 - 2	2018	_		
		delphia, PA 19101-7346 Street City State Zlp Code	 As of the date y	ou file the claim	is: Check a	Il that apply			
v		red the debt? Check one.	☐ Contingent	ou me, me ciam	is. Officer a	ш шасарыу			
	Debtor	1 only	☐ Unliquidated						
Г	Debtor 2	2 only	☐ Disputed						
_	_	1 and Debtor 2 only	·	TY unsecured cl	aim:				
_	_	one of the debtors and another	☐ Domestic sup	port obligations					
_	_	f this claim is for a community	debt Taxes and ce	rtain other debts	vou owe the	government			
		n subject to offset?				u were intoxicated			
	No	-	Other. Specif	v					
	Yes			Federal W	ithholdin	g taxes			
Part 2	List	All of Your NONPRIORITY I	Insecured Claims						
		itors have nonpriority unsecure							
_		nave nothing to report in this part.		rt with vour other	schedules.				
	Yes.	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		,					
un: tha	secured cl	our nonpriority unsecured claim aim, list the creditor separately fo ditor holds a particular claim, list t	r each claim. For each clain	n listed, identify w	hat type of c	laim it is. Do not list c	laims already	included i	n Part 1. If more

Official Form 106 E/F

Total claim

Debtor	Joseph G Gorski	Case number (if known) 19-11500	
4.1	Bank of Amercia	Last 4 digits of account number 9964	\$938.00
	Nonpriority Creditor's Name P.O. Box 982234 El Paso, TX 79998	When was the debt incurred? 2017	-
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card	-
4.2	Bay Engineering Nonpriority Creditor's Name	Last 4 digits of account number	\$2,549.65
	2661 Riva Rd Annapolis, MD 21401	When was the debt incurred? 4/11/2018	-
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Services	-
4.3	Capital Digestive Care Nonpriority Creditor's Name	Last 4 digits of account number 8757	\$490.92
	P.O. Box 37229 Baltimore, MD 21297	When was the debt incurred? 12/1/2016	-
-	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Expense	_

Debtor	1 Joseph G Gorski	Case number (if known) 19-11500	
4.4	Chase	Last 4 digits of account number 5480	\$12,800.00
	Nonpriority Creditor's Name		
	P.O. Box 1423	When was the debt incurred? 2016	_
	Charlotte, NC 28201 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneon an that apply	
	■ Debtor 1 only	Continued.	
	_	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card	_
4.5	Chase Bank	Last 4 digits of account number 4626	\$1,090.00
	Nonpriority Creditor's Name P.O. Box 1423	When was the debt incurred? 2017	
	Charlotte, NC 28201 Number Street City State Zlp Code	- Asset de la company de la colonia de la co	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	_	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	_
4.6	Citi Bank	Last 4 digits of account number 8639	\$1,968.00
	Nonpriority Creditor's Name		
	P.O. Box 6062	When was the debt incurred? 2017	_
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oneon an that apply	
	■ Debtor 1 only	Пол	
		Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	:
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	

Debtor	1 Joseph G Gorski	Case number (if known) 19-11500	
4.7	Directions Credit Union	Last 4 digits of account number 43L4	\$3,469.01
	Nonpriority Creditor's Name 5121 Whiteford Rd Sylvania, OH 43560	When was the debt incurred? 2011	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.8	Penn Credit	Last 4 digits of account number	\$33,481.82
	Nonpriority Creditor's Name South 14th Street Harrisburg, PA 17104	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bill	
4.9	Professional Business Management	Last 4 digits of account number 0865	\$8,703.36
	Nonpriority Creditor's Name 8401 Corporate Dr Ste 160	When was the debt incurred?	
	Hyattsville, MD 20785		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Services	

Case number (if known) Debtor 1 Joseph G Gorski 19-11500 4.1 **RE Robertson Plumbing** 339W \$1,623.72 Last 4 digits of account number 0 Nonpriority Creditor's Name 1829 George Ave When was the debt incurred? 10/2017 Annapolis, MD 21401 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Services

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.		6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 67,114.48
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 67,114.48

Fill in this infor	mation to identify your	case:		
Debtor 1	Joseph G Gorski			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number	19-11500			
(if known)	10 11000			☐ Check if this is a amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Joshua Holden
803 Mayfair Blvd.
Toledo, OH 43612

State what the contract or lease is for

Debtor has rental agreement with Joshua Holden
\$700.00 per month ending 4/20/2019

Case 19-11500 Doc 12 Filed 02/20/19 Page 22 of 27

					2/20/19 10:55AM
Fill in this	information to identify you	ur case:			
Debtor 1	Joseph G Gors				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the	: DISTRICT OF MARYLA	ND		
Case num	ber 19-11500				
(if known)					Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Co	debtors			12/15
501100	1410 111 1041 00	uobtoi o			12/10
your name	e and case number (if know	(If you are filing a joint case,			o of any Additional Pages, write
■ No					
■ No					
		rou lived in a community pr na, Nevada, New Mexico, Pu			y states and territories include
■ No	. Go to line 3.				
		oouse, or legal equivalent live	e with you at the time?		
			-		
in line Form	e 2 again as a codebtor onl	y if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	d ZIP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	е
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
-	Number Street	Chala	ZID Code		
	City	State	ZIP Code		
3.2				☐ Schedule D, lin	е
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
-	Number Street	Ctata	ZID Cada	_	
	City	State	ZIP Code		

Fill	in this information to identify your c	ease:							
Del	btor 1 Joseph G G	orski							
	otor 2 ouse, if filing)								
Uni	ited States Bankruptcy Court for the	e: DISTRICT OF MARY	LAND						
Cas	se number 19-11500				Chec	ck if this is	:		
(If kr	nown)		-			An amende	ed filing		
								g postpetition Ilowing date:	
0	fficial Form 106I				Ī	/IM / DD/ \	YYYY		
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment**	ır spouse is not filing w	ith you, do not include	informati	ion abou	t your sp	ouse. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-fil	ling spouse	
	If you have more than one job,	Empleyment status	■ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed President			☐ Not e	employed		
	employers.	Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name	Tradeways, Ltd						
	Occupation may include student or homemaker, if it applies.	Employer's address	184 Duke of Gloud Annapolis, MD 214		·.				
		How long employed t	here? 44 Years			_			
Pai	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	late you file this form. If	you have nothing to repo	ort for any	line, write	e \$0 in the	space. Inc	lude your no	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information fo	or all empl	loyers for	that perso	on on the lir	nes below. If	you need
					For De	btor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$	10	,000.00	\$	N/A	-
3.	Estimate and list monthly over	time pay.		3. +\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add li	ne 2 + line 3.		4. \$	10.0	00 00	\$	N/A	

Deb	tor 1	Joseph G Gorski	-	Case	number (if kr	nown)	19-11	500		
				For	r Debtor 1			Debtor 2 or		
	Cop	y line 4 here	4.	\$	10,000	0.00	\$	filing spou I	N/A	
5.	l ist	all payroll deductions:								
٠.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$		0.00	\$,	N/A	
	5b.	Mandatory contributions for retirement plans	5b.			0.00	\$		V/A	
	5c.	Voluntary contributions for retirement plans	5c.	: —		0.00	\$		V/A	
	5d.	Required repayments of retirement fund loans	5d.	\$		0.00	\$		V/A	
	5e.	Insurance	5e.	\$		0.00	\$	l	N/A	
	5f.	Domestic support obligations	5f.	\$		0.00	\$		N/A	
	5g.	Union dues	5g.	\$	C	0.00	\$	I	N/A	
	5h.	Other deductions. Specify:	5h	+ \$_	C	0.00	+ \$	l	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	C	0.00	\$	l	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	10,000	0.00	\$	l	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		•						
	01	monthly net income.	8a.			0.00	\$		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	· <u> </u>		0.00	\$		N/A	
		settlement, and property settlement.	8c.	\$_		0.00	\$		N/A	
	8d.	Unemployment compensation	8d.			0.00	\$		N/A	
	8e. 8f.	Social Security	8e.	\$_	3,026	5.00	\$	I	N/A	
	OI.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	(0.00	\$	ı	N/A	
	8g.	Pension or retirement income	8g.	\$	C	0.00	\$	I	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$	C	0.00	+ \$	l	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,726	6.00	\$		N/A	
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$	5 1	3,726.00	+ \$		N/A = \$	13	,726.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ			Ľ				,
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	deper					chedule J. 11. +\$		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12. \$	13	,726.00
13.	Do :	you expect an increase or decrease within the year after you file this form	?							ncome
		No.								
		Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

SILL	n this informa	ation to identify yo	ur caca.			1				
Debt		Joseph G Go				Cho	eck if this is: An amend	ed filina		
Debt (Spo	or 2 use, if filing)						A supplem	ent show	wing postpetition chapte the following date:	r
Unite	ed States Bank	ruptcy Court for the	DISTRI	CT OF MARYLAND			MM / DD /	YYYY		
1	e number 19	9-11500								
		orm 106J				1				
		J: Your I								2/1
info	rmation. If m		eded, atta	If two married people ar ch another sheet to this n.						
Part		ribe Your House	hold							_
1.		o line 2. es Debtor 2 live i	n a separa	ate household?						
			st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	btor 2.			
2.	Do you hav	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Depen- age	dent's	Does dependent live with you?	
	Do not state dependents								□ No □ Yes	
									□ No □ Yes	
									□ No	
									☐ Yes ☐ No	
3.	,	penses include	_	No			_		☐ Yes	
		f people other to d your depende	han 👝	Yes						
Esti exp	mate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Y	our exp	enses	
4.		,	hip expen	ses for your residence. I	nclude first mortgag	e				
	payments ar	nd any rent for the			5 5	4.	\$		6,500.00	
	If not include	ded in line 4:								
		estate taxes erty, homeowner's	or renter	's insurance		4a. 4b.	·		0.00	
	4c. Home	maintenance, re	pair, and u	pkeep expenses		4c.	\$		0.00	
5.		owner's associat		dominium dues o <mark>ur residence,</mark> such as ho	me equity loans	4d. 5.			0.00 350.00	

Debtor 1		Joseph G Gorski			Case num	nber (if known)	19-11500	
6.	Utilit	ies:						
-	6a.		neat, natural gas		6a.	\$	450.00	
	6b.	Water, sew	er, garbage collection		6b.	\$	20.00	
	6c.		cell phone, Internet, satellit	e, and cable services	6c.	\$	250.00	
	6d.	Other. Spec	cify:		6d.	\$	0.00	
7.	Food	•	keeping supplies		7.	\$	1,030.00	
			ildren's education costs		8.	\$	0.00	
			, and dry cleaning		9.	·	100.00	
		•	oducts and services		10.		100.00	
		-	al expenses		11.		500.00	
			nclude gas, maintenance, b	us or train fare.		·		
	Do no	ot include ca	payments.	do or train laro.	12.	\$	400.00	
				ers, magazines, and books	13.	\$	200.00	
			butions and religious don	_	14.	\$	1,000.00	
5.	Insur	rance.	_				,	
	Do no	ot include ins	urance deducted from your	pay or included in lines 4 or 20	١.			
	15a.	Life insurar	ce		15a.	\$	0.00	
	15b.	Health insu	rance		15b.	\$	0.00	
	15c.	Vehicle inst	ırance		15c.	\$	150.00	
	15d.	Other insur	ance. Specify:		15d.	\$	0.00	
6.	Taxe	s. Do not inc	lude taxes deducted from you	our pay or included in lines 4 or	20.			
	Spec	ify: Incom	e Tax		16.	\$	1,500.00	
			ase payments:		47-	Φ.		
			nts for Vehicle 1		17a.	· -	0.00	
			nts for Vehicle 2		17b.	·	0.00	
		Other. Spec			17c.	·	0.00	
		Other. Spec			17d.	\$	0.00	
				and support that you did not		\$	0.00	
				le I, Your Income (Official For	m 1061).	\$		
9.	Spec		you make to support othe	rs who do not live with you.	19.	Φ	0.00	
1		,	ty expenses not included	in lines 4 or 5 of this form or		our Incomo		
			on other property	in lines 4 or 5 or this form of	20a.		0.00	
		Real estate			20b.	·	0.00	
			omeowner's, or renter's insu	irance	20c.	·	0.00	
			e, repair, and upkeep expe		20d.		0.00	
			r's association or condomin		20d. 20e.			
4			is association of condomin	ium dues		» +\$	0.00	
١.	Otne	r: Specify:			21.	+\$	0.00	
2.	Calc	ulate your m	onthly expenses					
		Add lines 4 t				\$	12,550.00	
	22b.	Copy line 22	(monthly expenses for Deb	tor 2), if any, from Official Form	106J-2	\$,	
			and 22b. The result is your	, ,		s —	12,550.00	
			•				12,000.00	
		•	onthly net income.					
			2 (your combined monthly in	,	23a.		13,726.00	
	23b.	Copy your	nonthly expenses from line	22c above.	23b.	-\$	12,550.00	
	230	Subtractive	ur monthly expanses from y	your monthly income				
	23C.		ur monthly expenses from y s your <i>monthly net incom</i> e.	our monthly income.	23c.	\$	1,176.00	
			. ,			1		
4.	For ex	xample, do you	n increase or decrease in expect to finish paying for your erms of your mortgage?	your expenses within the year or do you e	r after you file this expect your mortgage	s form? payment to incre	ease or decrease because of a	
			ams or your mortgage:					
	■ No		Explain here:					

Fill in this info	ormation to identify your	case:		
Debtor 1	Joseph G Gorski			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number	19-11500			
(if known)				☐ Check if this is an
				amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Di	d you pay or agree to pay someone who is NOT an attorney	to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the summand they are true and correct.	ry and schedules filed with this declaration and
X	/s/ Joseph G Gorski	X Observe (Dilitor)
	Joseph G Gorski Signature of Debtor 1	Signature of Debtor 2
	Date February 20, 2019	Date

Official Form 106Dec